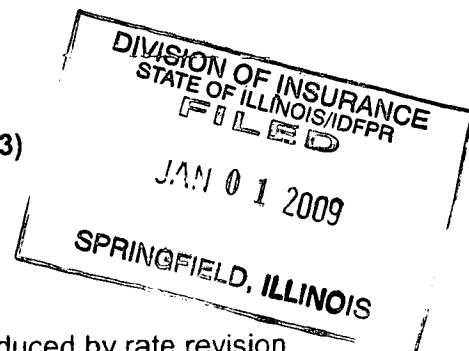


Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision
effective 01/01/2009

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | 44,766,652 | 4.1% |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Adopting NCCI's IL-2008-07, CIF-2008-10 and
CIF-208-11.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

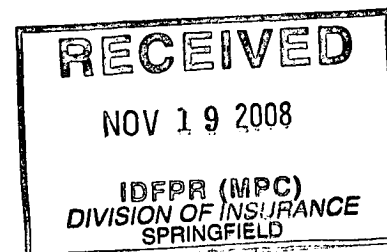
ACUIY, A Mutual Insurance Company

Name of Company

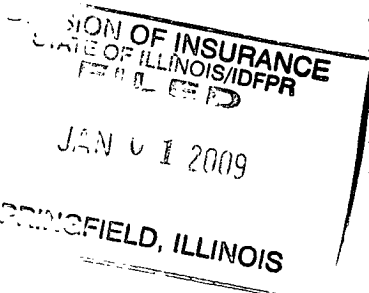
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 1/1/2009

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Workers Compensation | 30,909 | +3.5 |
| 16. Other _____ | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI advisory rates and miscellaneous values, effective 1/1/09.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Advantage Workers Compensation Insurance CompanyName of CompanyTina Knight, AnalystOfficial — Title

RECEIVED

NOV 14 2008

**IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD**

January 1, 2009

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|--|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Compensation</u> | \$1,305,023 | 3.8% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

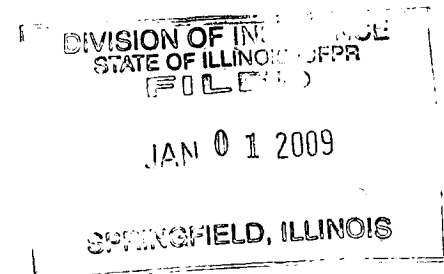
** Change in Company's premium level which will
result from application of new rates.AIG Casualty Insurance Company

Name of Company

Joseph RussoAssistant Manager of State Filings

Official - Title

H29219D



SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2009

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Comp</u> | <u>\$953,715</u> | <u>+5.1%</u> |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

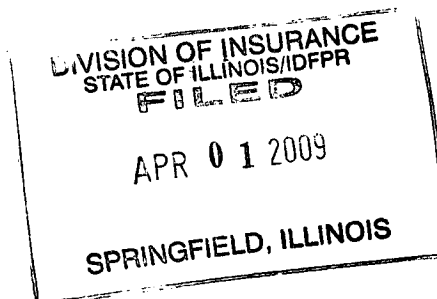
na

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting NCCI's advisory rates, loss costs, and rating values, circular IL-2008-13. Also revising our company loss cost multipliers.

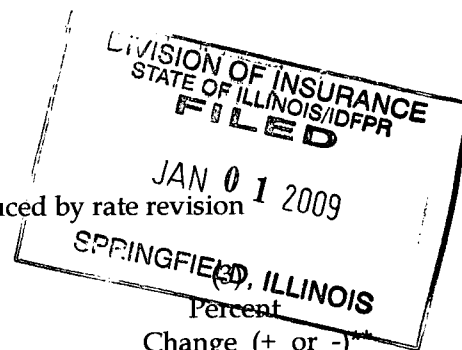
* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

All America Ins Co
Name of Company(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

SUMMARY SHEET

FORM (RF-3)



Change in Company's premium or rate level produced by rate revision
Effective January 1, 2009

| (1) | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---------------------------------------|---|-------------------------------------|
| Coverage | | |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Compensation</u> | \$ 13,052,000 | +4.1% |

Does filing only apply to certain territory (territories) or certain classes? No
If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory
Organization, specify organization): Adoption of NCCI Revision - Circular IL-2008-13.
No change in deviation - will remain at 20.0% of NCCI rates.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will
result from application of new rates.

AMERICAN FAMILY MUTUAL INS. CO.

Name of Company



Official - Title

James P. Meyer, ACP, AIM
Senior Pricing Analyst/Filings

RECEIVED

NOV 14 2008

**IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD**

January 1, 2009

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|--|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Compensation</u> | \$123,222,623 | 3.8% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Home Assurance Company
Name of CompanyJoseph Russo
Assistant Manager of State Filings
Official - Title

H29219D

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JAN 01 2009

SPRINGFIELD, ILLINOIS

RECEIVED

NOV 14 2008

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

January 1, 2009

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|--|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Compensation</u> | <u>\$10,077,114</u> | <u>3.8%</u> |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

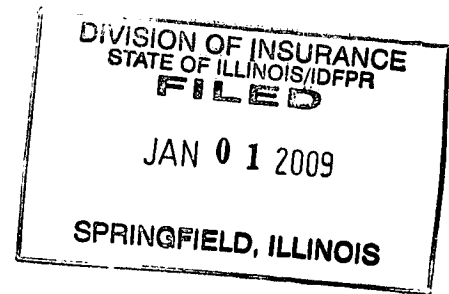
* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.**American International South
Insurance Company**
Name of Company**Joseph Russo**
Assistant Manager of State Filings
Official - Title

H29219D

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective January 1, 2009.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damag Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | 895,275 | +1.4 % |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: N/A

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

AmGUARD adopts the Advisory Rates as released by the National
Council on Compensation Insurance, Inc., effective January 1, 2009 per IL-2008-13, which reflects an overall
increase of 3.5%, for all policies effective on and after January 1, 2009.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

AmGUARD Insurance Company

Name of Company

Jolene Carey, State Filings Representative

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2009

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Compensation</u> | <u>\$4,685,791</u> | <u>-1.60%</u> |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Class code 9101 Maximum Minimum
Premium of \$500

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Argonaut Great Central Insurance company 19860-0457 is filing to adopt the NCCI's 1/1/2009 Loss Cost

*Adjusted to reflect all prior rate changes.

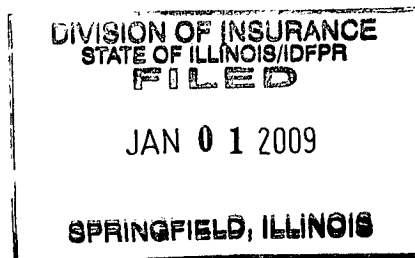
**Change in Company's premium level which will result from application of new rates.

Argonaut Great Central Insurance Company 19860-0457

Name of Company

Stefanie Westerdahl Regulatory Analyst

Official – Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2009

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Compensation</u> | <u>\$2,403,615</u> | <u>4.70%</u> |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Class Code 9101 Maximum Minimum
Premium \$500

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Argonaut Insurance Company 19801-0457 is filing to adopt NCCI's 1/1/2009 Rates and keep our +15% deviation previously filed

*Adjusted to reflect all prior rate changes.

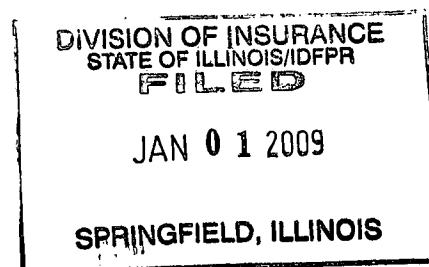
**Change in Company's premium level which will result from application of new rates.

Argonaut Insurance Company 19801-0457

Name of Company

Stefanie Westerdahl Regulatory Analyst

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2009

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Compensation</u> | <u>\$906,391</u> | <u>-0.80%</u> |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Class Code 9101 Maximum Minimum
Premium \$500

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Argonaut-Midwest Insurance Company 19828-0457 is filing to adopt NCCI's 1/1/2009 Rates and keep our -10% deviation previously filed

*Adjusted to reflect all prior rate changes.

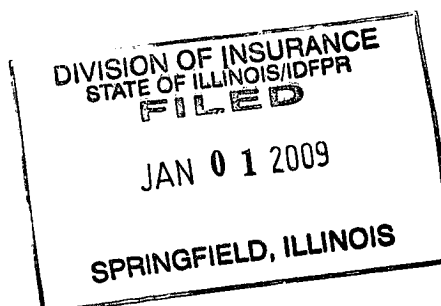
**Change in Company's premium level which will result from application of new rates.

Argonaut-Midwest Insurance Company 19828-0457

Name of Company

Stefanie Westerdahl Regulatory Analyst

Official - Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective January 1, 2009

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|--|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Compensation</u> | 259,607 | +0.30% |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adoption of NCCI's 01/01/09 Loss Costs
while maintaining our current loss cost multiplier of 1.30 for all class codes.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

BancInsure, Inc.
Name of Company

JAN 01 2009

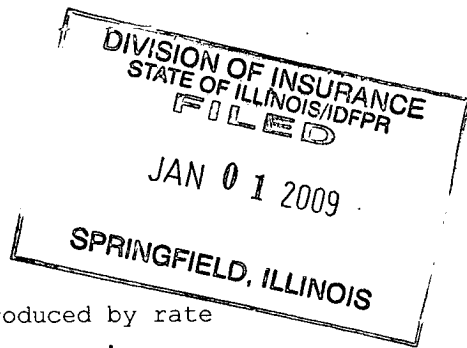
SPRINGFIELD, ILLINOIS

Kathryn A. Shilling - Filings Analyst
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate
revision effective 01/01/2009

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---------------------------------------|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Compensation</u> | <u>9,473,406</u> | <u>+3.8%</u> |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adopting NCCI's 1-1-09 WC loss costs. Also
adopting a revised premium discount table.

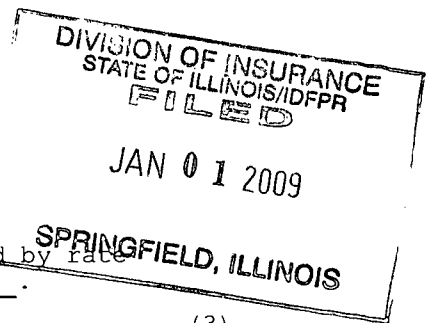
- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will
result from application of new rates.

Bituminous Casualty Corporation
Name of Company

Dan Trotter - Director - Rate Development & Filings
Official - Title

Form (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate
revision effective 01/01/2009

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---------------------------------------|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Compensation</u> | <u>1,878,183</u> | <u>+3.8%</u> |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adopting NCCI's 1-1-09 loss costs. Also
adopting a revised premium discount table. Finally, establishing a company
specific LCM in lieu of applying a company deviation against BCC rates.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

Bituminous Fire and Marine Insurance Company
Name of Company

Dan Trotter - Director - Rate Development & Filings
Official - Title

H29219D

INS00106

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 01, 2009

| (1) <u>Coverage</u> | | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|------------------------|-----------------------------------|---|---|
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other <u>Workers Compensation</u> | <u>3,609,526</u> | <u>+3.5</u> |
| | <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI State Filing Circular IL 2008-07 & State Information Circular IL-2008-09

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

H29219D

DIVISION OF INSURANCE
 STATE OF ILLINOIS/IDFPR
 JAN 01 2009
 SPRINGFIELD, ILLINOIS

Capitol Indemnity Corporation
 Name of Company

Lois Beld, Senior Rate
Analysis
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2009

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Comp</u> | <u>\$6,703,021</u> | <u>+6.9%</u> |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

na

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

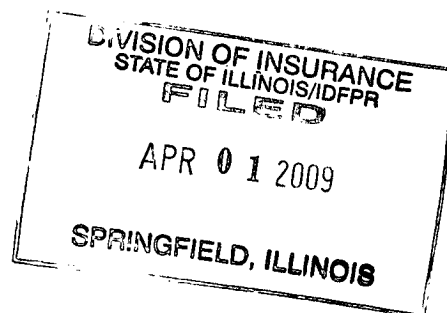
Adopting NCCI's advisory rates, loss costs, and rating values, circular IL-2008-13. Also revising our company loss cost multipliers.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Central Mutual Ins Co
Name of Company(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

H29219D



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

JAN. 1, 2009

~~\$282,298~~

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or 1)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi Peril | | |
| 14. Crop Hail | | |
| 15. Workers Compensation | \$4,545,249.00 | 5.77% |
| 16. Other | | |

Does filing only apply to certain territory (territories) or certain classes? If so, Specify

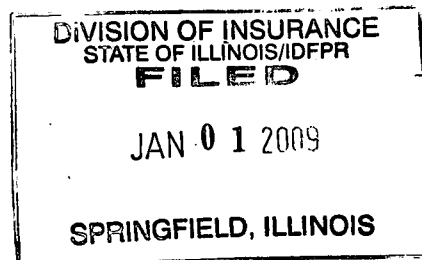
Brief description of filing (if filing follows rates of an advisory organization, specify organization)

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Church Mutual Insurance Company

Name of Company



Director---Casualty Lines

Official - Title

SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective 3/1/09

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---------------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Compensation</u> | <u>\$1,115,866</u> | <u>3.50%</u> |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Postpone NCCI's effective date of approval circular IL-2008-13 from 1/1/09 to 3/1/09.

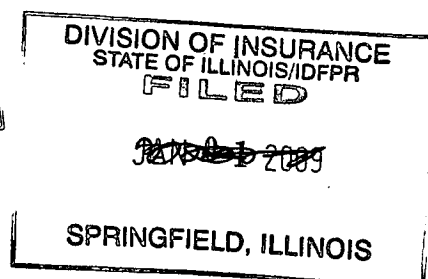
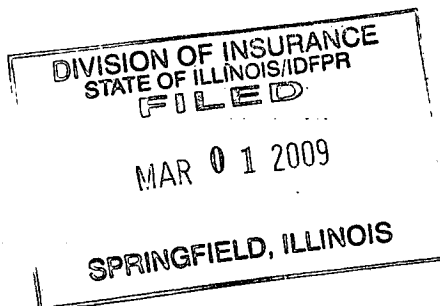
* Adjust to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

COLUMBIA NATIONAL INS. CO.

Name of Company

Dennis McVay, CPCU
Director, Research & Development
Official - Title



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**IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD**

January 1, 2009

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|--|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Compensation</u> | <u>\$58,059,121</u> | <u>3.8%</u> |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing: (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.**Commerce & Industry
Insurance Company**

Name of Company

**Joseph Russo
Assistant Manager of State Filings**

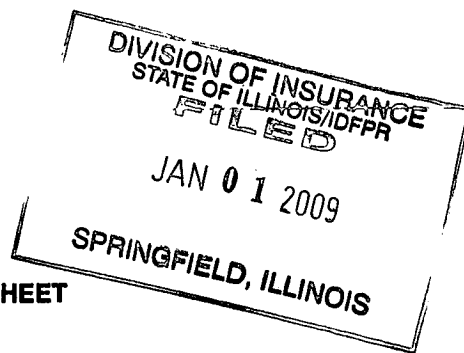
Official - Title

H29219D

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR

NOV 14 2008

L. J. RUSSELL, MGR



Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2009

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Workers Compensation | \$5,000,000 | 3.5% |
| 16. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) Adopting NCCIVoluntary rates and rating values effective January 1, 2009 without deviation. Adopting NCCI January 1, 2009Experience Rating Plan values, expected loss rates and d-ratios, and NCCI retrospective rating plan values.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Continental Indemnity Company

Name of Company

Joan Klucarich, Actuary

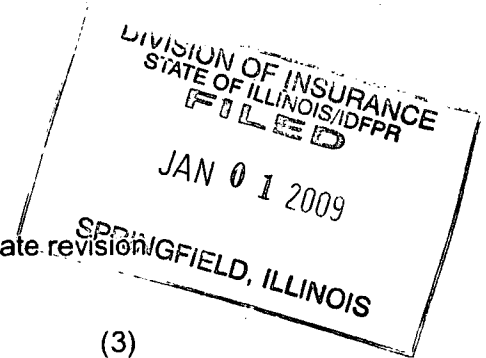
Official — Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2009.



| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damag Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | 149,265 | +1.6 % |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

EastGUARD adopts the Advisory Rates as released by the National Council on Compensation Insurance., effective January 1, 2009 per IL-2008-13, which reflects an overall increase of 3.5%, for all policies effective on and after January 1, 2009.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

EastGUARD Insurance Company

Name of Company

Jolene Carey, State Filings Representative

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/09

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|-------------------------------------|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Compensation</u> Line of Insurance | <u>\$8,778,212</u> | <u>3.80%</u> |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
exception for class code 6204 Drilling NOC and Drivers rate of \$11.72All territories, all classes withBrief description of filing. (If filing follows rates of an advisory organization, specify organization):
advisory rates approved in NCCI circular IL-2008-13 at current modification of 1.00.We are adopting the

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

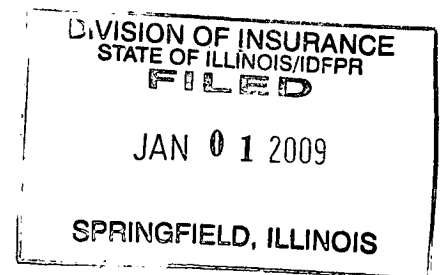
EMCASCO Insurance Company

Name of Company

Don Coughenower

Assistant Vice President

Official - Title



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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

50 ILLINOIS ADMINISTRATIVE CODE

CHAPTER 1.1754
SUBCHAPTER 1

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective January 1, 2009.

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|--|---|-------------------------------------|
| 1. Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Compensation</u> | <u>\$1,275,846</u> | <u>+3.8%</u> |
| <u>Life of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain
classes? If so, specify: _____Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): National Council on
Compensation Insurance, Circular 11-2008-13,
Released 11-11-08

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of
new rates.DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JAN 01 2009

SPRINGFIELD, ILLINOIS

Employers Compensation Insurance Co.
Name of CompanyTerry Marie Counce Senior Product Manager
Official--Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/09

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|-------------------------------------|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Compensation</u> Line of Insurance | <u>\$4,459,333</u> | <u>4.50%</u> |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
exception for class code 6204 Drilling NOC and Drivers rate of \$11.72All territories, all classes withBrief description of filing. (If filing follows rates of an advisory organization, specify organization):
advisory rates approved in NCCI circular IL-2008-13 at current modification of 1.00.We are adopting the

*Adjusted to reflect all prior rate changes.

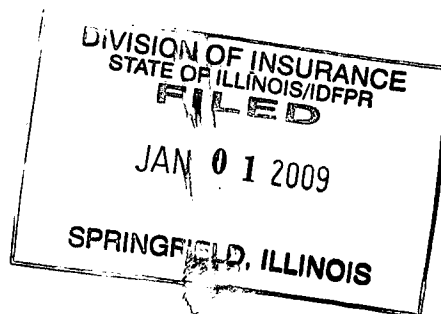
**Change in Company's premium level which will result from application of new rates.

Employers Mutual Casualty Company

Name of Company

Don CoughenowerAssistant Vice President

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

3/1/2009

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Workers Compensation | 3,503,701 | + 3.8% @ |
| 16. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved 1/1/09 loss costs with a company effective date of 3/1/2009. No change to 1.600 loss cost multiplier.
 NCCI approval circular IL-2008-13

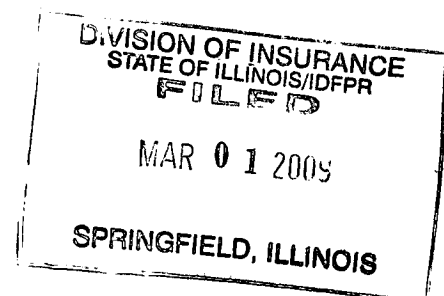
* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

@ estimated

Everest National Ins. Co
 Name of Comp

Shiranie Fernandez
 Official — Tit



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 1/1/2009

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Compensation</u> | 1,190,680 | 8.0% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI loss costs
 and keeping current LCM's

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Farmland Mutual Insurance Company

Name of Company

Brad Liggett - Vice President Underwriting

Official - Title

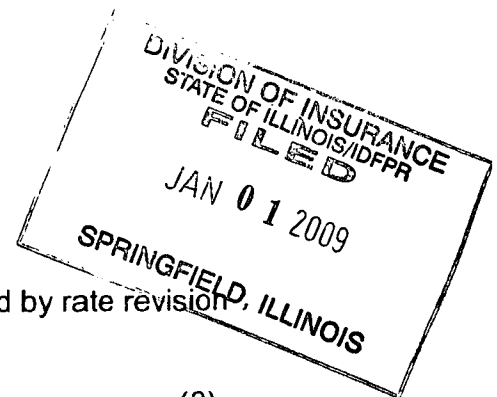
 DEPARTMENT OF INSURANCE
 STATE OF ILLINOIS/IDFPR
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JEFFERSON, ILLINOIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 01/01/2009.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|---|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other wc | 4,439,496 | 13.3 |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Loss cost adoption.

*Adjusted to reflect all prior rate changes.

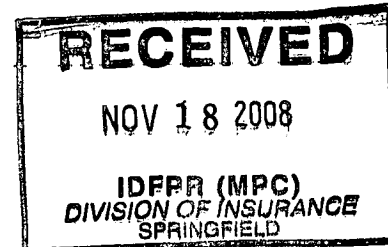
**Change in Company's premium level which will result from application of new rates.

Federated Rural Electric Insurance Exchange

Name of Company

Shelly George, Actuarial Asst.

Official - Title



Change in Company's premium or rate level produced by rate revision effective 6.8%

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---------------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Compensation</u> | <u>2,373,687</u> | <u>6.8%</u> |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are filing to adopt the 1/1/2009 NCCI loss costs. We are keeping our current loss cost multiplier of 1.388.

* Adjusted to reflect all prior rate changes.

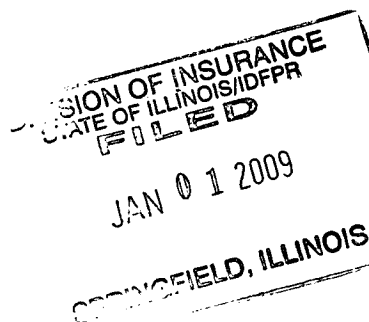
** Change in Company's premium level which will result from application of new rates.

Florists' Mutual Insurance
Company

Name of Company

Danielle Milby, Compliance
Analyst II

Official - Title

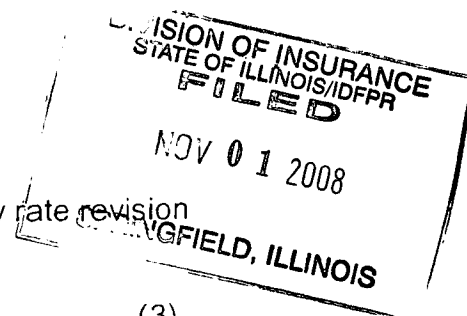


Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective November 1, 2008



| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other <u>Workers' Compensation</u> | \$1,473,533 | +0.8 |
| | <u>Life of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: _____

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): _____
effective 11-1-2008

Change in Schedule Rating Factor from -/+ 25% to -/+ 35%

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Gateway Insurance Company

Name of Company

Lyn Ward - Compliance Officer

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

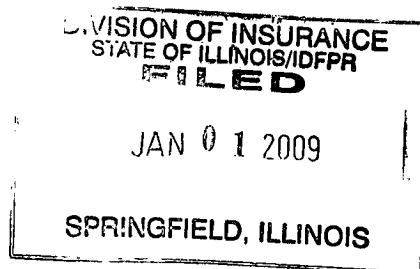
Change in Company's premium or rate level produced by rate revision effective 01/01/09

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Compensation</u> Line of Insurance | \$13,223,569 | 3.66% |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____
 Yes, the 1.05 deviation applies to classes indicated below: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the January 1, 2009 Advisory Workers' Compensation Rates filed by the NCCI effective January 1, 2009 We wish to retain our deviation of 1.05 to the class codes indicated below:

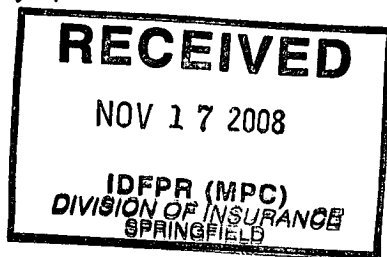
0042 5057 5221 5473 6017 6235 7601
 0050 5059 5222 5474 5539 6018 6236 7605
 1322 5069 5223 5478 5551 6045 6237 7611
 3365 5102 5348 5479 5606 6204 6251 7612
 3719 5146 5402 5480 5610 6206 6252 7613
 3724 5160 5403 5491 5645 6213 6260 7855
 3726 5183 5437 5506 5651 6214 6306 8227
 5020 5188 5443 5507 5703 6216 6319 9534
 5022 5190 5445 5508 5705 6217 6325 9554
 5037 5213 5462 5535 6003 6229 6400
 5040 5215 5472 5537 6005 6233 7538



We also wish to retain our same overall 1.05 deviation. In summary, for the above class codes, the 1.05 would be applied to the rate, and then the overall 1.05 would be applied to that rate.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.



General Casualty Insurance Company
Name of Company

Kendra Benninger - C/L Operations System Technician
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/09

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Compensation</u> Line of Insurance | 11,154,980 | 3.30% |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of the NCCI
1/1/09 rates.

*Adjusted to reflect all prior rate changes.

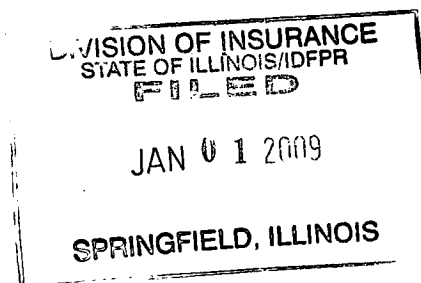
**Change in Company's premium level which will result from application of new rates.

General Casualty Company of Wisconsin

Name of Company

Kendra Benninger - C/L Operations System Technician

Official - Title



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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

January 1, 2009

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|--|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Compensation</u> | \$298,179 | 3.8% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.**Granite State Insurance Company**
Name of Company**Joseph Russo**
Assistant Manager of State Filings
Official - Title

H29219D

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
JAN 01 2009
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/09

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|-------------------------------------|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Compensation</u> Line of Insurance | \$4,025,671 | 4.20% |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
exception for class code 6204 Drilling NOC and Drivers rate of \$11.72All territories, all classes withBrief description of filing. (If filing follows rates of an advisory organization, specify organization):
advisory rates approved in NCCI circular IL-2008-13 at current modification of 1.00.We are adopting the

*Adjusted to reflect all prior rate changes.

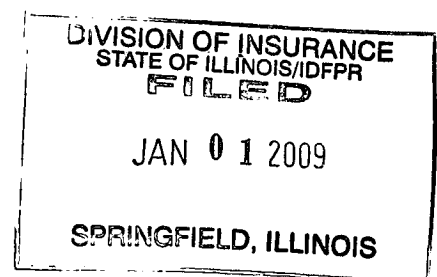
**Change in Company's premium level which will result from application of new rates.

Illinois Emcasco Insurance Company

Name of Company

Don CoughenowerAssistant Vice President

Official - Title



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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

January 1, 2009

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective _____

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|--|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Compensation</u> | \$69,437,736 | 3.8% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.**Illinois National Insurance Company**

Name of Company

Joseph Russo**Assistant Manager of State Filings**

Official - Title

H29219D

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR

NOV 14 2008

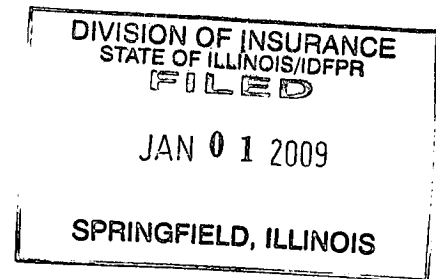
SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective: **1/1/09**

| | (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|-----|---|---|---|
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary & Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler & Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine _____ | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Worker's Compensation | \$584,888.00 | +3.5% |
| 16. | Other: | | |



Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? No

If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): **Effective January 1, 2009, we wish to adopt the NCCI filing of advisory rates and rating values that were filed and approved to be effective that date for both companies in The IMT Group – IMT Insurance Company and Wadena Insurance Company.**

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

IMT Insurance Company
Name of Company

Jason Thompson, BA, MA Filing Analyst, Research & Development
Official - Title

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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

January 1, 2009

| (1) <u>Coverage</u> | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|--|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Compensation</u> | \$27,420,041 | 3.8% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.The Insurance Company of the
State of Pennsylvania

Name of Company

Joseph Russo
Assistant Manager of State Filings

Official - Title

H29219D

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR

JAN 01 2009

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-1-09

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|--|---|---|
| 1. Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Compensation</u> | \$14,107 | +3.5% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting the NCCI Voluntary rates effective 1/1/09. We are filing a maximum minimum premium of \$750 as opposed to the NCCI maximum minimum premium of \$1000. Please see the attached manual exception page which indicates the maximum minimum premium is \$750. The manual exception page shows the maximum minimum premium and the premium algorithm we filed in 2007, under filing number 2006-02, for our company specific shedule rating plan.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

MEMIC Indemnity Company

Name of Company

Karen Schwartz

Compliance Manager

Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JAN 01 2009

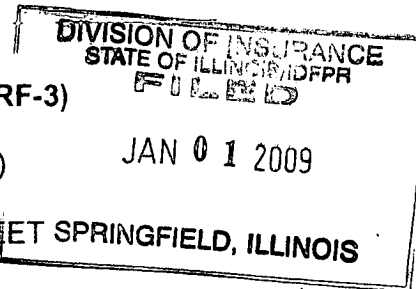
SPRINGFIELD, ILLINOIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

JAN 01 2009

SUMMARY SHEET SPRINGFIELD, ILLINOIS



Change in Company's premium or rate level produced by rate revision
effective January 1, 2009.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|---|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | \$172,499 manual premium | +3.4% Est on distribution of current book |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: Statewide

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Adoption of NCCI filed & approved Illinois Loss Costs 1/1/09

Approval circular IL-2008-13 and Filing Circular IL-2008-07 and State Information Circular IL-2008-09.

Same Loss Cost Multipliers as current filing: 1.522 for Code Group 1 and 1.677 for Code Group 2.

*Adjusted to reflect all prior rate changes.

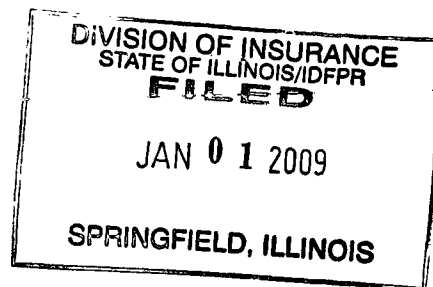
**Change in Company's premium level which will result from application of new
rates.

Michigan Commercial Insurance Mutual

Name of Company

Veronica Matejko - Corporate Compliance & Statistics Manager

Official - Title



50 ILLINOIS ADMINISTRATIVE CODE

CHAPTER I, § 754
SUBCHAPTER I

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective January 1, 2009

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---------------------------------|---|-------------------------------------|
| 1. Automobile Liability Private | | |
| Passenger | | 0.00% |
| Commercial | | 0.00% |
| 2. Automobile Physical Damage | | |
| Private Passenger | | 0.00% |
| Commercial | | 0.00% |
| 3. Liability Other Than Auto | | 0.00% |
| 4. Burglary and Theft | | 0.00% |
| 5. Glass | | 0.00% |
| 6. Fidelity | | 0.00% |
| 7. Surety | | 0.00% |
| 8. Boiler and Machinery | | 0.00% |
| 9. Fire | | 0.00% |
| 10. Extended Coverage | | 0.00% |
| 11. Inland Marine | | 0.00% |
| 12. Homeowners | | 0.00% |
| 13. Commercial Multi-Peril | | 0.00% |
| 14. Crop Hail | | 0.00% |
| 15. Other Workers Compensation | \$954536 | 3.50% |
| Life of Insurance | | |

Sept 2007 to Oct 2008

Does filing only apply to certain territory (territories) or certain
classes? If so, specify: All territories.Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adopting NCCI's advisory rates effective 01-2009.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of
new rates.

Midwest Family Mutual Insurance Company

Name of Company

K1272

Heather Sams, R&D Analyst

Official--Title

MAR 12 2009

SOS - ISL - CODE UNIT

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ILLINOIS

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELDILLINOIS SUMMARY SHEET
FORM RF-3

Change in Company's premium or rate level produced by rate revision effective:

1/1/2009

| (1) | (2) | (3) | |
|-------------------------------|--------------------------------------|------------------------------|--|
| Coverage | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** | |
| 1. Automobile Liability | | | |
| Private Passenger | | | |
| Commercial | | | |
| 2. Automobile Physical Damage | | | |
| Private Passenger | | | |
| Commercial | | | |
| 3. Liability Other than Auto | | | |
| 4. Burglary and Theft | | | |
| 5. Glass | | | |
| 6. Fidelity | | | |
| 7. Surety | | | |
| 8. Boiler and Machinery | | | |
| 9. Fire | | | |
| 10. Extended Coverage | | | |
| 11. Inland Marine | | | |
| 12. Homeowners | | | |
| 13. Commercial Multi-Peril | | | |
| 14. Crop Hail | | | |
| 15. Workers Compensation | 12,220,111 | +3.5% | |
| 16. Other: | | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing (if filing follows rates of any advisory organization, specify organization).

Midwest Insurance Company is adopting the NCCI advisory rates effective January 1, 2009 with previously approved 10% downward deviations for class codes 2003, 3145, 3400, 3632, 8001, 8006, 8010, 8017, 8018, 8021, 8033, 8046, 8832, 9052, 9058, 9060, 9082, 9083, 9586.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Midwest Insurance Company

Name of Company

Larry E. Hochstetler-VP Planning

Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JAN 01 2009

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective January 1, 2009

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|--|---|---|
| 1. Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Compensation</u> | 8,558,076 | 7.23% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI Loss Costs and revising Company LCM's. We are also revising our tier structure so that Milwaukee Casualty will be our standard company. Much of it's business will be renewed onto Security National our new select company.

*Adjusted to reflect all prior rate changes.

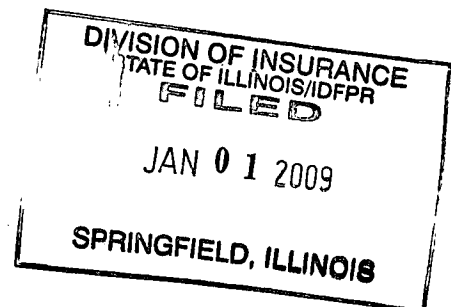
**Change in Company's premium level which will result from application of new rates.

Milwaukee Casualty Ins. Co.

Name of Company

Jon Zetlau- Bureau/Forms Compliance Manager

Official -- Title



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2009.

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Workers Compensation | \$361,209 | +3.8% |
| 16. Other _____ | | |
| Line of Insurance | | |

DIVISION OF INSURANCE
 STATE OF ILLINOIS/IDFPR
 FILED
 JAN 01 2009
 SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

No _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Adoption of NCCI Workers Compensation Loss Cost Reference Filing Number IL-2008-13, effective 01/01/2009. _____

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

National Interstate Insurance Company _____
 Name of Company

Kathy Juhasz, Regulatory Compliance Spec.
 Official — Title

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NOV 14 2008

**IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD**

January 1, 2009

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|--|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Compensation</u> | \$10,350,458 | 3.8% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

**National Union Fire Insurance
Company of Pittsburgh, PA**

Name of Company

**Joseph Russo
Assistant Manager of State Filings**

Official - Title

H29219D

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2009

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Compensation</u> | 3,505,109 | 4.0% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI loss costs
and keeping current LCM's

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Nationwide Agribusiness Insurance Company

Name of Company

Brad Liggett - Vice President Underwriting

Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JAN 01 2009

SPRINGFIELD, ILLINOIS

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NOV 14 2008

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

January 1, 2009

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|--|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Compensation</u> | \$86,424,694 | 3.8% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

New Hampshire Insurance Company

Name of Company

Joseph Russo**Assistant Manager of State Filings**

Official - Title

H29219D

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR

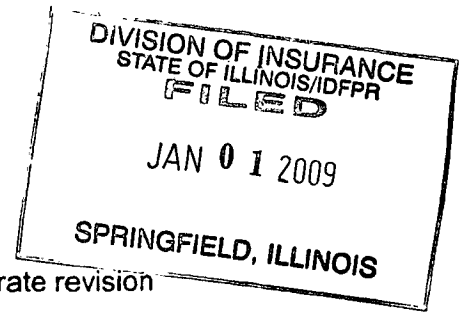
JAN 14 2009

L. J. RUSSELL, ILLINOIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective January 1, 2009.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|---|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | \$520,653 | +3.7 % |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

NorGUARD adopts the Advisory Rates as released by the National Council on Compensation Insurance, Inc., effective January 1, 2009 per IL-2008-13, which reflects an overall increase of 3.5%, for all policies effective on and after January 1, 2009.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

NorGUARD Insurance Company

Name of Company

Jolene Carey, State Filings Representative

Official - Title

JAN 01 2009

Form (RF-3)

SUMMARY SHEET

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate
revision effective January 1, 2009

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---------------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Compensation</u> | <u>\$8,511,031</u> | <u>+3.8</u> |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Old Republic General Insurance Corporation
Adoption of NCCI IL-2008-07 Advisory Loss
Costs, Rates, and Rating Values

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

Old Republic General Insurance Corporation

Name of Company

Deborah J. Matthews - Assistant Vice President, Compliance

Official - Title

H29219D

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective January 1, 2009.

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---------------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Compensation</u> | <u>10,471,220</u> | <u>+0.3</u> |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Old Republic Insurance Company
Adoption of NCCI IL-2008-07 Advisory Loss
Costs, Rates, and Rating Values

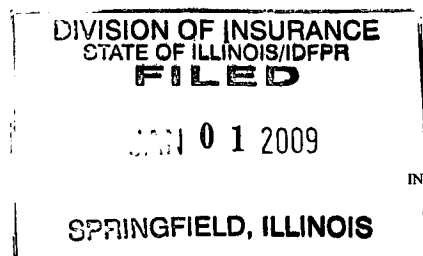
* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

Old Republic Insurance Company
Name of Company

Deborah J. Matthews - Assistant Vice President -Compliance
Official - Title

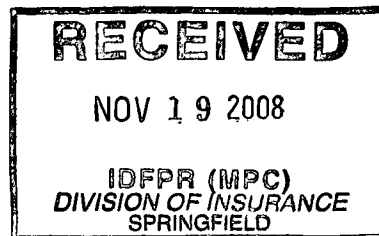
H29219D



INS00106

ILLINOIS SUMMARY SHEET

FORM RF-3



Change in Company's premium or rate level produced by rate revision effective 1/1/2009

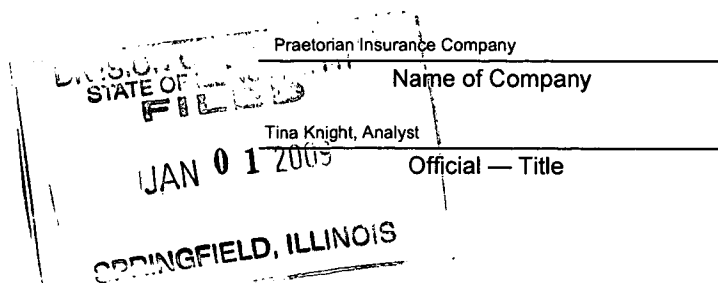
| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Workers Compensation | 1,769,731 | +3.5 |
| 16. Other _____ | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI advisory rates and miscellaneous values, effective 1/1/09.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 1/1/09

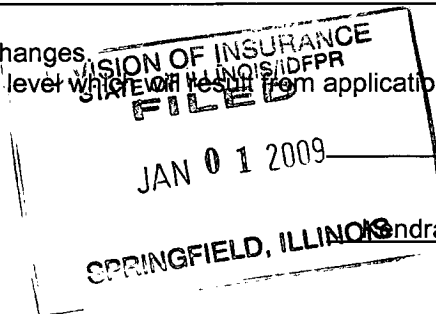
| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Compensation</u> Line of Insurance | 9,882,053 | 5.39% |

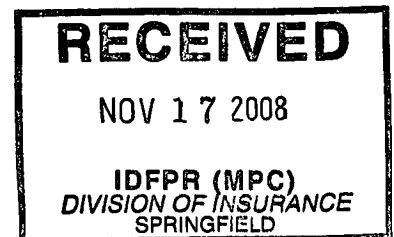
 Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of the NCCI
1/1/09 rates.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.


Regent Insurance Company
 Name of Company

Andra Benninger - C/L Operations System Technician
 Official - Title


ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective January 1, 2009

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|--|---|-------------------------------------|
| 1. Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Compensation</u> | 2,360 | 2.46% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI Loss Costs and Company LCM's. We are also revising our tier structure. We will be changing Milwaukee Casualty from a Select tier company to a Standard tier company. As a result much of the business currently written on Milwaukee Casualty paper will renew onto Security National.

*Adjusted to reflect all prior rate changes.

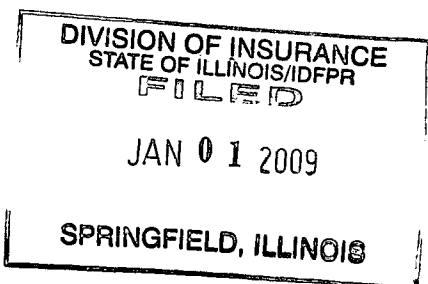
**Change in Company's premium level which will result from application of new rates.

Security National Ins. Co.

Name of Company

Jon Zetlau- Bureau/Forms Compliance Manager

Official - Title



Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

 DIVISION OF INSURANCE
 STATE OF ILLINOIS/IDFPR
 FILED

JAN 01 2009

 Change in Company's premium or rate level produced by rate change
 effective 01/01/2009

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|---|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers' Compensation | \$62,143 | +3.5% |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory

Organization, specify organization):

This filing follows the 1-1-2009 loss cost filing on our behalf by NCCI. Please reference NCCI circular IL-2008-13.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

SFM Mutual Insurance Company

Name of Company

Brian R. Bent, AVP & Director of Underwriting

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JAN 10 2009

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision
effective 2/1/2009

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|---|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | RE: Illinois Association of Building Maintenance Contractors | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers' Compensation | 34610166 | +3.8% |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): 1-month delayed of adoption of NCCI rates referenced in IL-2008-13

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR

FILED

Technology Insurance Company

Name of Company

Submitted by: James Shoenfelt, ACAS

Official - Title

FEB 6 1 2009

SPRINGFIELD, ILLINOIS

Section 754 EXHIBIT A - Summary Sheet (Form RF-3)

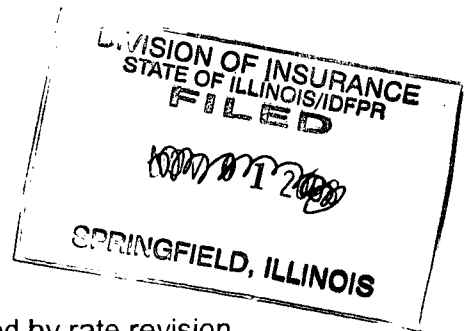
DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR

FILED

JAN 01 2009

FORM (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision
effective January 1, 2009

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damag Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | 133,477 | +8.92% |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: NO

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

NCCI 1/1/2009 Loss Cost filing; Filing Circular IL-2008-07

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
ratesDIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JAN 01 2009

SPRINGFIELD, ILLINOIS

Triangle Insurance Company

Name of Company

Bret Wilson, Director, Products & Compliance

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2009

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|--|---|---|
| 1. Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Compensation</u> | 48,115 | 7.73% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI Loss Costs and revising Company LCM's

*Adjusted to reflect all prior rate changes.

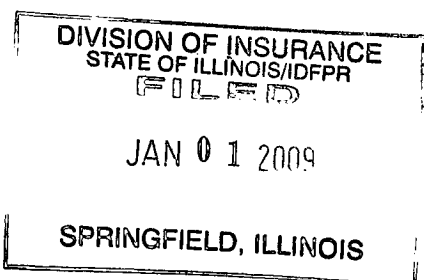
**Change in Company's premium level which will result from application of new rates.

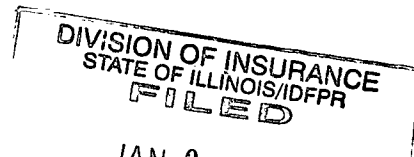
Trinity Universal Ins. Co.-Kansas

Name of Company

Jon Zetlau- Bureau/Forms Compliance Manager

Official - Title





Illinois

JAN 01 2009

ILLINOIS SUMMARY SHEET

FORM RF-3

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective January 1, 2009

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Workers Compensation | \$ 113,272 | 3.3% |
| 16. Other _____ | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

Filing applies to all standard classes

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Adoption of NCCI's new rates by using our approved deviation of -10%.

* Adjusted to reflect all prior rate changes.

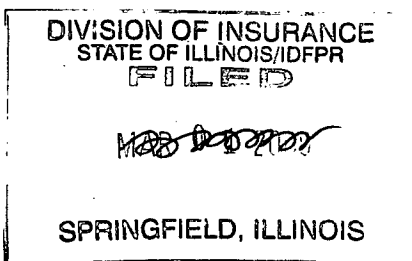
** Change in Company's premium level which will result from application of new rates.

Ullico Casualty Company

Name of Company

David Christliff, AVP and Actuary

Official — Title



Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 2/1/2009.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|---|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers' Compensation | 1462304 | +3.8% |
| | Life of Insurance | | |

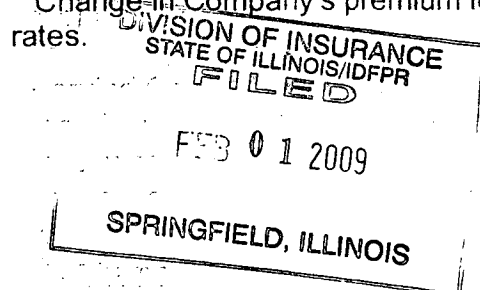
Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

1-month delayed of adoption of NCCI rates referenced in IL-2008-13

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.



Wesco Insurance Company

Name of Company

Submitted by: James Shoenfelt, ACAS

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective January 1, 2009.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JAN 01 2009

SPRINGFIELD, ILLINOIS

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other <u>Workers Compensation</u> | \$61,559,476 (2007) | +3.5% (increase) |
| | <u>Life of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Adoption of Illinois Workers Compensation rates approved by
Illinois Division of Insurance effective January 1, 2009

*Adjusted to reflect all prior rate changes.

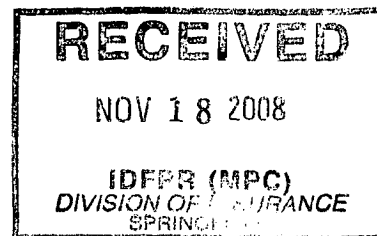
**Change in Company's premium level which will result from application of new
rates.

West Bend, a Mutual Insurance Company

Name of Company

Stephen J. Mueller - Product Development Specialist

Official - Title



Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2009

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|--|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Compensation</u> | <u>21, 126,141</u> | <u>+3.6</u> |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Overall premium level change of 3.6%. Adopting January 1, 2009 advisory rates.Westfield Insurance Company #228-24112

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

| | |
|---|---|
| DIVISION OF INSURANCE STATE OF ILLINOIS/IDFP FILED JAN 01 2009 SPRINGFIELD, ILLINOIS | <u>Westfield Insurance Co.</u> Name of Company <u>Rhonda Roberts</u> Production Specialist Product Management Official - Title |
|---|---|

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NOV 18 2008

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2009

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|--|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Compensation</u> | <u>3,050,839</u> | <u>+3.9</u> |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

N/A

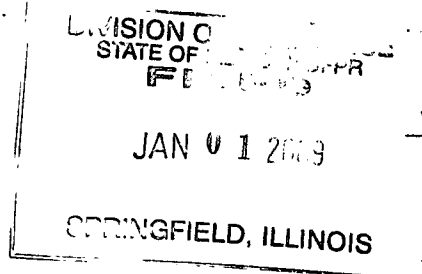
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Overall premium level change % and a previously filed deviation of 1.25 from the NCCI rates. Adopting January 1, 2009 advisory rates.

Westfield National Insurance Company #228-24120

* Adjusted to reflect all prior rate changes.

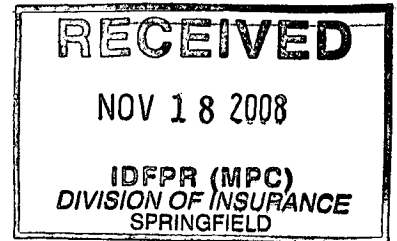
** Change in Company's premium level which will result from application of new rates.

Westfield National Insurance Co.

Name of Company

Rhonda Roberts
Production Specialist
Product Management

Official - Title



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 1 1 09

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Workers Compensation | \$2,654,300 | +7.3% |
| 16. Other _____ | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify NOBrief description of filing (if filing follows rates of an advisory organization, specify organization) Following NCCI Loss
Costs effective 1 1 09, No change to LCM

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Work First Casualty Company

Name of Company

Stephanie Long, Compliance Officer

Official — Title

